

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilas Home Care, Inc.	CHAPTER 100.1
Address: 94-1254 Kuhuaina Street, Waipahu, Hawaii 96797	Inspection Date: March 10, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 22 P4:19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Household Member #2 – No documentation of annual physical.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>My Mom or household member make an appt and will go take her Physical Exam to her PCP.</i> </p>	<p style="text-align: right;">3-22-21</p> <p style="text-align: center;"> STATE OF HAWAII BOH-OHCA STATE LICENSING </p> <p style="text-align: right;">21 MAR 22 P4:19</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Household Member #2- No documentation of tuberculosis clearance.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">My Non Natividad Yila went to take her TB clearance to her PCP</p>	<p style="text-align: center;">3-22-21</p> <p style="text-align: center;">21 MAR 22 PM 4:19</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1- Medication acetaminophen expired in 2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Called PCP and ask for a prescription with the updated medication.</i> </p>	<p style="text-align: center;">3-22-21</p> <p style="text-align: center;">21 MAR 22 P4:19</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. <u>FINDINGS</u> Resident #1 – Medication tramadol was discontinued and not disposed of.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Medication was removed during the inspection.</i></p>	<p style="text-align: center;"><i>3-22-21</i></p> <p style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING 21 MAR 22 04:19 </p>

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Licensee's/Administrator's Signature:

Amabel Vila

Print Name:

Amabel Vila

Date:

2-22-21

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